MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/523996

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10	1					
11		2				
12		2				
13		2				
14		1				
15	1	2				
16		1				
17		1				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		1				
25		1				
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50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	29	←		←		←
TOTAL CLAIMS	34					

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

PTO-1360 (REV. 9/03)